PRINTED: 06/10/2011 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES						IB NO. 0938-0391		
STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUII	DING	00	COMPI	LETED	
		155148	B. WIN			05/24/2	2011	
		<u> </u>			ADDRESS, CITY, STATE, ZIP CODE			
NAME OF I	PROVIDER OR SUPPLIEI	R		650 FAI	RWAY DRIVE			
NORTH	PARK NURSING C	ENTER			VILLE, IN47710			
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	NCY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION	
TAG	REGULATORY OR	R LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE	
F0000								
			<u> </u>		<u> </u>	_		
	This visit was	for the Investigation	F0	000	The creation and submission			
	of Complaint	IN00090565.			this plan of correction does r constitute an admission by the			
	or complaint in (000) or or.				provider of any conclusion s			
	Complaint IN	00090565			forth in the statement of			
	1 ^	Federal/State			deficiencies, or of any violati	on of		
					regulation.This provider respectfully requests that the	2		
	deficiencies re				2567 plan of correction be			
	allegations are	e cited at F309, F333,			considered the letter of cred			
	F425, and F51	14.			allegation and requests a De Review on or after June 7,	esk		
					2011. Within the attachment	s are		
	Survey dates:				re-education forms and	o are		
	1 ,				Continuous Quality Improve			
	May 23 and 2	4, 2011			forms to support the facility's	5		
					request for Desk Review.			
	Facility numb	er: 000069						
	Provider num	ber: 155148						
	AIM number:	100288980						
	Survey team:							
	1	Smarra D.M.						
	Anne Marie C	crays KN						
	Comque had to	770 O.						
	Census bed ty	pe.						
	SNF: 18							
	SNF/NF: 81							
	Total: 99							
	Census payor	tyne:						
	Medicare: 18	JP.						
	Medicaid: 70							
	l						I	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Any defiencystatement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

TWUJ11

Facility ID:

000069

TITLE

If continuation sheet

(X6) DATE

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURY			SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILI	DING	00	COMPL	
		155148	B. WING	i		05/24/2	011
	PROVIDER OR SUPPLIER			650 FAI	DDRESS, CITY, STATE, ZIP CODE RWAY DRIVE VILLE, IN47710		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	T '	ID PROVIDER'S PLAN OF CORRECTION			(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PERCEDED BY FULL	P	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	ΓE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	Other: 11						
	Total: 99						
	Sample: 4 These deficien	ncies also reflect state					
	findings cited	in accordance with					
	_						
F0309 SS=D	findings cited in accordance with 410 IAC 16.2.  Quality review 5/25/11 by Suzanne Williams, RN Each resident must receive and the facility		F03	309	It is facility practice to ensure residents are assessed for pand the administration of a narcotic pain medication by a licensed nurse.1. Resident C First medication error occurre 1010. Assessment was done LPN at 1100 which revealed signs as follows: BP (158/74 Heart Rate (88), Respirations (36), Oxygen Saturation (929 Temperature AX (97). At 145 the second medication error occurred. Assessment was by LPN at 1630 which reveal vital signs as follows: BP (141/90), Heart Rate (89), Respirations (18), Oxygen Saturation (92%), Temperatu (97.5).Resident C was a Hos resident, was in active phase dying when errors occurred,	ain  a  b: ed at e by vital  ), s %), 55 done led  lire spice	06/21/2011

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY  COMPLETED	
AND PLAN	OF CORRECTION	155148		LDING	00	05/24/20	
		133140	B. WIN			03/24/20	711
NAME OF	PROVIDER OR SUPPLIE	₹			DDRESS, CITY, STATE, ZIP CODE		
NORTH	PARK NURSING C	ENTER		1	RWAY DRIVE VILLE, IN47710		
				l .	VILLE, 11477710		
(X4) ID PREFIX		STATEMENT OF DEFICIENCIES  NCY MUST BE PERCEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
TAG	`	LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		DATE
0	•				resident expired on 5-12-11	- 2	5.112
	practice for QMA's. 1. QMA's cannot give PRN [as needed]				days post medication errors.		
	1				On 5-20-11 a 100% audit wa	s	
	medications w	vithout the Charge			completed by	00 44	
	Nurse doing a	ssessment on resident			DNS/DNSS/Designee on 5-2 all narcotic medications, both		
	and must sign	with you on the			tablet and liquids, with no err		
	1	ation administration			found.Licensed nurses and		
	_	ember it is out of your			QMAs were re-educated on t	the	
	1 -	•			following by DNS/DNSS/Designee on		
	_	ny type of assessment			5-23-11: 1.Review of scope of	of	
	- you must ge	t the Nurse."			practice for QMAs 2.QMAs		
					cannot assess for any use		
	2. The closed	clinical record of			of PRN medications 3.Charged Nurses must assess prior to	- 1	
	Resident C w	as reviewed on			after medications have been		
	5/23/11 at 1:0				administered and document	the	
	3/23/11 at 1.0	O P.IVI.			need for PRN medicationsQl	MA's	
					were 1 on 1 re-educated	_	
	A Physician's	order, dated 5/9/11,			regarding scope of practice t include that QMAs are to get		
	indicated, "Ro	exanol 20mg/cc 1/4 cc			licensed nurse when a reside		
	a [every] 1 ho	our prn [as needed]			requesting a PRN medication		
	pain, air hung				this was completed on 05-25	5-11	
	pani, an nang	<b>0</b> 1			by DNS/DNSS/designee. Education included scope of		
					practice for QMA's by		
	ı	n-out log indicated			DNS/DNSS/Designee on 5-2		
	Resident C re	ceived Roxanol on			· QMA Cannot assess for PI		
	5/10/11 at 10:	10 A.M. and 2:55			medications pre and post. · Licensed nurse must perforn		
	P.M., and was	s signed out by QMA			assessment pre and post PR		
	· ·	es were not co-signed			medication. Licensed Nurs	e	
	by a licensed	•			must complete documentation		
		nurse.			assessment on back of MAR Licensed Nurses and QMA's		
					were re educated by	-	
	Nurses Notes				DNS/DNSS/Designee compl		
	following nota	ations:			on 05-25-11 on: 5 Rights o		
					Medication Administration to include: Right Resident F		
					molude. Night Nesidellt. I	viðiti	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		NSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUII	DING	00	COMPLETED
		155148	B. WIN			05/24/2011
			B. WEN		ADDRESS, CITY, STATE, ZIP CODE	
NAME OF F	PROVIDER OR SUPPLIER			650 FAI	RWAY DRIVE	
NORTH I	PARK NURSING CE	ENTER		EVANS'	VILLE, IN47710	
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	``	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	
TAG		LSC IDENTIFYING INFORMATION)	+	TAG		DATE
		00 A.M.: "Family @			Dose· Right Medication· F Route· Right time 3. Phar	-
	bedsideComfort measures continued. Not eating, Oral care given"				will complete 100% audit of	lindoy
					medication carts, check orde	ers
					and Medication Administration	
					Log to ensure compliance to completed by 06-15-11.Licer	
					nurses and QMAs were	iseu
		nentation of the			re-educated on the following	by
	reason for the	Roxanol			DNS/DNSS/Designee on	
	administration	, or the effect of the			5-23-11: 1.Review of scope of	of
	drug on 5/10/1	1 was not in the			practice for QMAs 2.QMAs cannot assess for any use	
	nurses notes.				of PRN medications 3.Charg	ge
	nuises notes.				Nurses must assess prior to	
					after medications have been	
	The Medication	on Administration			administered and document	
	Record [MAR	], dated May 2011,			need for PRN medications 4 Licensed Nurses must visual	
	indicated. "Ro	xanol 20mg/cc 1/4 cc			review any PRN medication	,
	[every 1 hour]	•			before administration of	
		•			medication to resident.QMA's	s
		MAR had an initial			were 1 on 1 re-educated regarding scope of practice v	with
	dated 5/10/11	and untimed. The			DNS/DNSS/Designee, to inc	
	reverse of the	MAR lacked			the QMAs are to get a licens	l l
	documentation	of the time, reason,			nurse when a resident is	
	or results of th				requesting a PRN medication	n-this
		T. T			was completed on 05-25-11. Education included scope of	
	6 5/03/11	1 45 D.M. 1 .			practice for QMA's: · QMA	
		1:45 P.M., during an			Cannot assess for PRN	
	interview with	the acting Director			medications pre and post.	
	of Nursing [D	ON], she indicated			Licensed nurse must perform	
	she inserviced both the QMA and the charge nurse that the nurse should have done an assessment of				assessment pre and post PF medication.	AIN
					4.DNS/DNSS/Designee will (	use
					the: Licensed Nurse must	
					complete documentation of assessment on back of	
	the resident pr				MAR. Licensed Nurses and	
	administration	of the medication,			QMA's were re educated by	

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/10/2011 FORM APPROVED OMB NO. 0938-0391

<b>l</b> i ´		(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER: 155148	A. BUII	LDING	00	COMPLETED 05/24/2011
		155146	B. WIN			03/24/2011
NAME OF F	PROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP CODE	
NODTLL		NTED		1	RWAY DRIVE	
NORTH	PARK NURSING CE	INTER		EVANS	VILLE, IN47710	
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	*	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	
TAG		LSC IDENTIFYING INFORMATION)	-	TAG		DATE
	and then followed up with an				DNS/DNSS/Designee complete on 05-25-11 on: 5 Rights of	
	assessment of	the resident			Medication Administration to	"
	afterwards.				include: Right Resident F	Right
					Dose· Right Medication· R	tight
	TT1: C 1 14	1 ,			Route Right	
	This federal ta	•			time4.DNS/ADNS/Designee use the: Quality Performance	
	Complaint IN(	00090565.			Tool-Medication Pass	´
					Observation to include focus	on
	3.1-37(a)				QMAs and all staff dispensing	
	()				medications, 3 QMAs or Nurs	
					3xwkx4weeks, 1 QMA or Nui 1xwkx4week by	rse
					DNS/DNSS/Designee. Any	
					errors noted will result in one	on
					one re education with	
					DNS/DNSS/Designee. Qualit	
					Improvement Tool Medication	ו ו
					Errors will be completed by DNS/DNSS/Designee to focu	is on
					QMAs and any staff dispensi	
					medications 2xwk4wks;	
					1xwkx4wk any errors noted v	
					result in one on one re educa	ation
					with DNS/DNSS/Designee. Quality Performance	
					Improvement tool for	
					Assessments will be complet	red
					by DNS/DNSS/Designee	
					2xwkx4weeks, then	.
					1xwkx4weeks on 5% of char Any errors noted will result in	
					on one education with	I OHE
					DNS/DNSS/Designee. Resi	ults
					from audits will be reviewed	
					during monthly facility QAA	
					committee meetings. QAA	nv.
					committee will determine if a other further monitoring is	i iy
					necessary. 5. Compliance d	ate
					will be 06-21-11.	

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED 00 A. BUILDING 155148 05/24/2011 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 650 FAIRWAY DRIVE NORTH PARK NURSING CENTER EVANSVILLE, IN47710 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X5) PROVIDER'S PLAN OF CORRECTION PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY) PREFIX PREFIX (EACH DEFICIENCY MUST BE PERCEDED BY FULL COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE The facility must ensure that residents are F0333 free of any significant medication errors. SS=D It is the policy of the facility to F0333 06/21/2011 Based on interview and record ensure that residents are free of review, the facility failed to ensure any significant medication errors. 1. Resident C: First medication a resident received the correct error occurred at 1010. dosage of Roxanol, a pain Assessment was done by LPN at medication, for 1 of 4 residents 1100 which revealed vital signs as follows: BP (158/74), Heart Rate reviewed for medication usage, in a (88), Respirations (36), Oxygen sample of 4. Resident C Saturation (92%), Temperature AX (97). At 1455 the second medication error occurred. Findings include: Assessment was done by LPN at 1630 which revealed vital signs as follows: BP (141/90), Heart 1. On 5/23/11 at 2:00 P.M., the Rate (89), Respirations (18), Oxygen Saturation (92%), corporate nurse provided the Temperature (97.5). Resident C current facility policy on was a Hospice resident, was in "Medication Administration," active phase of dying when errors occurred, resident expired on undated. The policy included: 5-12-11 - 2 days post medication "...Before giving a medications [sic] errors.2. On 5-20-11 a 100% audit was completed by the nurse must follow the FIVE 'R's' DNS/DNSS/Designee on all THE RIGHT RESIDENT, THE narcotic medications, both tablet and liquids, with no errors RIGHT MEDICATIONS, THE found.Licensed nurses and RIGHT DOSE, THE RIGHT QMAs were re-educated on the following: 1. Review of scope of ROUTE, THE RIGHT TIME...." practice for QMAs 2.QMAs cannot assess for any use 2. The closed clinical record of of PRN medications 3.Charge Nurses must assess prior to and Resident C was reviewed on after medications have been 5/23/11 at 1:00 P.M. administered and document the need for PRN medicationsQMA's were 1 on 1 re-educated A Physician's order, dated 5/9/11, regarding scope of practice with DNS/DNSS/Designee - this

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (IDENTIFICATION NUMBER:  155148			ULTIPLE COI LDING	NSTRUCTION 00	(X3) DATE SURVEY  COMPLETED  05/24/2011		
		155146	B. WIN			05/24/2	011
NAME OF	PROVIDER OR SUPPLIEF	₹		1	DDRESS, CITY, STATE, ZIP CODE		
NORTH	PARK NURSING CI	ENTER		1	RWAY DRIVE VILLE, IN47710		
		STATEMENT OF DEFICIENCIES		ID I			(VE)
(X4) ID PREFIX		ICY MUST BE PERCEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
TAG	`	LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		DATE
	indicated, "Ro	exanol 20mg/cc 1/4 cc			included that QMA is to get a		
	q [every] 1 hour prn [as needed] pain, air hunger"				licensed Nurse when a residence		
					requesting a PRN medication this was completed on 05-25		
					Education included scope of		
					practice for QMA's: QMA		
	Nurses Notes,	dated 5/11/11 at			Cannot assess for PRN		
	10:00 A.M., ii	ndicated, "Incorrect			medications pre and post.  Licensed nurse must perform		
	dose of Roxar	nol given to			assessment pre and post PR		
		and family notified.			medication. Licensed Nurs		
	Resident stabl				must complete documentation		
	Kesideni stabi	E			assessment on back of MAR the nurse's notes. License	-	
					Nurses must visually review		
	A Pharmacy n	arcotic log indicated			PRN medication before	a.ry	
	the resident re	ceived Roxanol 1 cc,			administration of medication	to	
		cc, on 5/10/11 at			resident if given by QMA.		
	10:10 A.M. ar	<i>'</i>			Licensed Nurses and QMA's were re educated by		
	10.10 71.11. ai	IG 2.33 1 .IVI.			DNS/DNSS/Designee compl	eted	
	0 5/00/11	1.45 0.15			on 05-25-11 on: 5 Rights of		
		1:45 P.M., during			Medication Administration to	D:I-4	
	interview with	the acting Director			include: Right Resident F Dose Right Medication R		
	of Nursing [D	ON], she indicated			Route Right time 3. Phar	•	
	she was notifi	ed of a discrepancy in			will complete 100% audit of	·	
	the narcotic m	edication count on			medication carts, check orde and Medication Administration		
	5/10/11. The I	OON indicated her			Log to ensure compliance to	be	
	investigation i	revealed QMA # 1			completed by 06-15-11.  Licensed nurses and QMAs	were	
	1	the incorrect dose of 1			re-educated on the following		
	cc of Roxanol	twice on 5/10/11.			5-23-11: 1.Review of scope of		
		icated QMA # 1 did			practice for QMAs 2.QMAs		
					cannot assess for any use of PRN medications 3.Charg	ae	
		rder correctly. The			Nurses must assess prior to	-	
		d the resident was in			after medications have been		
	the dying proc	cess, and did not			administered and document need for PRN medications or		
	suffer adverse	effects. The DON			back of MAR or in Nurse's no		
	!						

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		ľ		NSTRUCTION 00	(X3) DATE S COMPL		
		155148	A. BUI B. WIN	LDING IG		05/24/2	011
NAME OF I	PROVIDER OR SUPPLIER	<b>!</b> }		STREET A	DDRESS, CITY, STATE, ZIP CODE		
				1	RWAY DRIVE		
NORTH	PARK NURSING CI			EVANS	VILLE, IN47710		
(X4) ID		STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	`	ICY MUST BE PERCEDED BY FULL LISC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	ΓE	COMPLETION DATE
IAG			+	IAG	QMA's were 1 on 1 re-educa	ted	DATE
	1	A # 1 and all nursing			regarding scope of practice v		
		erviced regarding			DNS/DNSS/Designee this		
	correct medica	ation administration.			included that QMA is to get a		
					licensed Nurse when a residustrial is requesting a PRN medicate		
	This federal ta	ng relates to			this was completed on 05-25		
	Complaint IN	•			Education included scope of		
		000000000000000000000000000000000000000			practice for QMA's: · QMA Cannot assess for PRN		
	2 1 25(h)(0)				medications pre and post.	The	
	3.1-25(b)(9) 3.1-48(c)(2)				Licensed nurse must perform		
	3.1-46(C)(2)				assessment pre and post PR		
					medication. Licensed Nurs		
					must complete documentation assessment on back of MAR		
					nurse's notes. Licensed Nur	-	
					and QMA's were re educated	•	
					DNS/DNSS/Designee compl		
					on 05-25-11 on: 5 Rights of Medication Administration to	ונ	
					include: Right Resident F	Right	
					Dose Right Medication R	Right	
					Route Right	•111	
					time4.DNS/ADNS/Designee use the: Quality Performance		
					Tool-Medication Pass	~	
					Observation to focus on QM/		
					will include all staff that dispe		
					medications 3xwkx4weeks, 1 QMA or Nurse 1xwkx4week		
					DNS/ADNS/Designee. Any	~ 3	
					errors noted will result in one	on	
					one re education with	-1i4.	
					DNS/DNSS/Designee. · Qualification   University   Univers	-	
					Errors will be completed by	-	
					DNS/ADNS/Designee to focu		
					QMAs but will include all staf	-	
					dispense medications 2xwk4 1xwkx4wk any errors noted v		
					result in one on one re educa		
	l						

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155148			(X2) MULTIPLE CO  A. BUILDING  B. WING	NSTRUCTION 00	(X3) DATE SURVEY COMPLETED 05/24/2011
	ROVIDER OR SUPPLIER		650 FAI	ADDRESS, CITY, STATE, ZIP CODE RWAY DRIVE VILLE, IN47710	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
F0425 SS=D	The facility must pemergency drugs residents, or obtain described in §483 facility may permit administer drugs is under the general nurse.  A facility must proviservices (including accurate acquiring administering of a meet the needs of the facility must expressed of a licensed pharmace.	provide routine and and biologicals to its in them under an agreement and another to its in them under an agreement and its increased personnel to its increased personnel to its increased increase increased	F0425	with DNS/DNSS/Designee. Quality Performance Improvement tool for Assessments will be comple by DNS/ADNS/Designee 2xwkx4weeks, then 1xwkx4weeks on 5% of char Any errors noted will result in on one education with DNS/DNSS/Designee. Res from audits will be reviewed during monthly facility QAA committee meetings. QAA committee will determine if a other further monitoring is necessary. 5. Compliance of will be 06-21-11.	ide 06/21/2011 ssure ving,

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155148			LDING	ONSTRUCTION  00	(X3) DATE COMPL 05/24/2	ETED	
	PROVIDER OR SUPPLIED		•	650 FAI	ADDRESS, CITY, STATE, ZIP CODE IRWAY DRIVE VILLE, IN47710	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	6	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ATE	(X5) COMPLETION DATE
	and record reversited to ensure communicated regarding proving a different of what was orderesidents reviewed residents and pharmacy resident prescribent presc	at 10:15 A.M., the sultant provided the y policy on of the Pharmacy dated. The policy team of pharmacists technicians fill riptions according to ructionsThe liews all medications filling and will notify ting of any ites"			the needs of each resident. Resident D received Vanco 250mg in 10ml instead of o dosage of 250mg in 5ml. A ordered by Physician. Res received correct dosage of 250mg. No adverse effects ml. Dosage change. 2. 1 Audit will be completed by Pharmacy to include all Medications and current are correct. Licensed Nurses were re educated on reviewing of th Physician's order, ordered dosage, and to report any discrepancy to the Phy and clarify order with Physi before giving medication - completed by DNS/DNSS/Designee on 5 Pharmacy will notify facility mix a drug of different concentration than was ord by physician. Nurses educa Pharmacy notification comp by DNS/DNSS/Designee or 5-24-11. 3. 100% Audit will be com by Pharmacy to include all Medications and current or are correct. Licensed Nurses re educat reviewing Physician's order to compare to medication a discrepancy to clarify with Physician before giving completed by DNS/DNSS/Designee. Pha will notify facility drug is mix a different concentration tha	mycin rdered sident sid	
	a medication	pass, RN # 1 was			ordered. Nurses educated		

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED 00 A. BUILDING 155148 05/24/2011 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 650 FAIRWAY DRIVE NORTH PARK NURSING CENTER EVANSVILLE, IN47710 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX PREFIX (EACH DEFICIENCY MUST BE PERCEDED BY FULL COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE Pharmacy notification completed observed to prepare to administer by DNS/DNSS/Designee. This Resident D a dose of Vancomycin was completed on 5-24-11. 4. DNS/ADNS/Designee will use [antibiotic]. The label on the bottle the: · Quality Performance indicated, "Vancomycin 250 mg/ 10 Tool-Medication Pass ml." Prior to administering, RN # 1 Observation to include focus on the QMAs and other staff who indicated the Medication dispense medications Administration Record [MAR] had 3xwkx4weeks, 1 Nurse or QMA 1xwkx4week by conflicting documentation. The DNS/DNSS/Designee. Any MAR indicated, "Vancomycin errors noted will result in one on one re education with 250mg/5 ml." RN # 1 then phoned DNS/ADNS/Designee. · Quality the pharmacy, and indicated the Improvement Tool Medication pharmacist told her, "It comes in Errors will be completed to focus on QMA and other staff who different concentrations, and the dispense medications by pharmacy sent it in 10 ml instead of DNS/ADNS/Designee 2xwk4wks; 1xwkx4wk any errors noted will 5 ml." RN # 1 indicated she would result in one on one re education have to write a clarification order. with DNS/DNSS/Designee. · **Quality Performance** Improvement tool for The clinical record of Resident D Assessments will be completed by DNS/ADNS/Designee was reviewed on 5/23/11 at 12:50 2xwkx4weeks, then P.M. A Physician's order, dated 1xwkx4weeks on 5% of charts. 5/20/11, indicated, "Vancomycin Any errors noted will result in one on one education with 250 mg/5 ml...." DNS/ADNS/Designee. Results from audits will be reviewed during monthly facility QAA An additional Physician's order, committee meetings. QAA dated 5/23/11 at 12:10 P.M., committee will determine if any other further monitoring is indicated, "Clarification per [name] necessary. 5. Compliance date @ pharmacy: Vancomycin 250 will be 06-21-11. mg/10 ml. Give 10 ml [every 6 hours], mix [with] 30 cc juice...."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED
		155148	B. WING		05/24/2011
NAME OF I	PROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP CODE IRWAY DRIVE	
NORTH	PARK NURSING CE	ENTER		SVILLE, IN47710	
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5) COMPLETION
TAG		CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIAT	DATE
F0514 SS=D	corporate consisted would have extonotify the fadrug in a different than what was.  This federal tath Complaint INCO 3.1-25(j) The facility must meach resident in accomplete; accurate accessible; and sy.  The clinical record information to ident the resident's assess and services provipreadmission screes tate; and progress.  Based on interreview, the fact pain medication address to a for 1 of 4 residents.	g relates to 00090565.  naintain clinical records on ecordance with accepted ards and practices that are ely documented; readily estematically organized.  must contain sufficient tiffy the resident; a record of essments; the plan of care ded; the results of any ening conducted by the	F0514	It is the facility policy to ensu that pain medication is charte given in the nurse's notes or the medication administration record. 1. Resident C: First medication error occurred at 1010. Assessment was done LPN at 1100 which revealed signs as follows: BP (158/74 Heart Rate (88), Respirations (36), Oxygen Saturation (929) Temperature AX (97). At 148 the second medication is charted as t	ed as on  e by vital  b), s %),

i ´		(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING	00	COMPLETE	
		155148	B. WIN			05/24/2011	l 
NAME OF F	PROVIDER OR SUPPLIER			1	ADDRESS, CITY, STATE, ZIP CODE		
NODTU		NITED			IRWAY DRIVE		
NORTH	PARK NURSING CE			EVANS	VILLE, IN47710		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	`	CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE C	OMPLETION DATE
IAG			+	IAG	occurred. Assessment was	done	DATE
	sample of 4. R	esident C.			by LPN at 1630 which revea		
					vital signs as follows: BP		
	Findings inclu	de:			(141/90), Heart Rate (89),		
					Respirations (18), Oxygen		
	1 On 5/23/11	at 2:00 P.M., the			Saturation (92%), Temperatu (97.5).Resident C was a Hos		
	corporate nurs	· ·			resident, was in active phase		
	•	•			dying when errors occurred,		
	current facility	* *			resident expired on 5-12-11 days post medication errors.		
		dministration,"			On 5-20-11 a 100% audit wa		
		policy included:			completed by		
	"After the re	sident has been			DNS/DNSS/Designee on all		
	identified, and	the medication has			narcotic medications, both ta and liquids, with no errors	iblet	
	been given, the				found.Licensed nurses and		
	immediately c				QMAs were re-educated on	the	
	· ·	on the medication			following by the		
					DNS/DNSS/Designee on 5-23-11: 1.Review of scope (	of	
	administration				practice for QMAs 2.QMAs		
	recommended	that medication be			cannot assess for any use		
	charted immed	liately after			of PRN medications 3.Charge Nurses must assess prior to		
	administration	PRN [as needed]			after medications have been		
	medications ar	e to be charted on the			administered and document		
		ministration record. A			need for PRN medications o	I	
					back or MAR or in the nurse notes.QMA's were 1 on 1	S	
	_	ment of the resident			re-educated regarding scope	e of	
	and symptoms	*			practice with		
		and results are to be			DNS/DNSS/Designee - this	was	
	documented. C	-			completed on 05-25-11. Education included scope of		
	documentation	n of PRN			practice for QMA's: · QMA		
	administration	must be documented			Cannot assess for PRN	_,	
	in the nurses n	otes, or in the area			medications pre and post. · Licensed nurse must perforn		
		RN documentation			assessment pre and post PF		
	*	tion administration			medication. Licensed Nurs	e	
	on the medical	uon aummistration			must complete documentation	on of	

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		NSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUII	DINC	00	COMPLET	ED
		155148	B. WIN			05/24/201	1
			B. WIN		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF F	PROVIDER OR SUPPLIER						
					IRWAY DRIVE		
NORTH	PARK NURSING CE	ENTER		EVANS	VILLE, IN47710		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	re C	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	record"				assessment on back of MAR	or in	
	100014				the nurse's notes.Licensed		
					Nurses and QMA's were re		
	2. The closed clinical record of				educated by		
	Resident C wa	s reviewed on			DNS/DNSS/Designee compl		
					on 05-25-11 on: 5 Rights o	of	
	5/23/11 at 1:00	) P.M.			Medication Administration to		
					include: Right Resident F		
	A Physician's	order, dated 5/9/11,			Dose· Right Medication· R Route· Right time 3. Phar		
	*				will complete 100% audit of	illacy	
	indicated, "Ro	xanol 20mg/cc 1/4 cc			medication carts, check orde	ers	
	q [every] 1 ho	ur prn [as needed]			and Medication Administration		
	pain, air hunge				Log to ensure compliance to		
	pain, an nunge	J1			completed by 06-15-11.		
					Licensed nurses and QMAs	were	
	A narcotic sign	n-out log indicated			re-educated on the following	by	
	_	ceived Roxanol on			the DNS/DNSS/Designee on		
					5-23-11: 1.Review of scope of	of	
	5/10/11 at 10:1	10 A.M., 2:55 P.M.,			practice for QMAs 2.QMAs		
	and 4:30 P.M.				cannot assess for any use		
					of PRN medications 3.Charg		
	37 37 .				Nurses must assess prior to after medications have been		
	Nurses Notes	indicated the			administered and document	I .	
	following nota	itions:			need for PRN medications of		
					back of MAR or in the nurses		
	<b>7/10/11</b> 111 1	20.4.24.00			notes. 4.Licensed Nurses m		
	5/10/11 at 11:0	00 A.M.: "Family @			visually review any PRN		
	bedsideCom	fort measures			medication before administra		
		t eating, Oral care			of medication to resident, if g		
		camig, Oral Care			by QMA. 5.Licensed Nurse	to	
	given"				document date and time of		
					administration of PRN	_	
	5/10/11 at 4:30 P.M.: "Roxanol				medication. QMA's were 1 or		
					re-educated regarding scope practice with		
	adm [administered] for [signs and				DNS/DNSS/Designee - this	was	
	symptoms] of	discomfortWill			completed on 05-25-11.		
	continue to m				Education included scope of	f	
		omoi.			practice for QMA's: · QMA		
					Cannot assess for PRN		

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155148		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION				LDING	00	COMPLETED 05/24/2011		
155146			B. WIN			03/24/2011		
NAME OF I	PROVIDER OR SUPPLIER			1	ADDRESS, CITY, STATE, ZIP CODE			
NODTH DADK NI IDSING CENTED				650 FAIRWAY DRIVE EVANSVILLE, IN47710				
NORTH PARK NURSING CENTER								
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES			ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5)		
TAG	(EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			TAG	CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	COMPLETION DATE		
1710	· · · · · · · · · · · · · · · · · · ·		1	1710	medications pre and post.			
	Further documentation of the Roxanol administration on 5/10/11 was not in the nurses notes.				Licensed nurse must perform			
				assessment pre and post PRN		N		
					medication. Licensed Nurs			
					must complete documentatio assessment on back of MAR			
	The Medication Administration Record [MAR], dated May 2011,			the nurse's notes.License Nurses and QMA's were r		Of III		
					educated by	_		
	indicated, "Roxanol 20mg/cc 1/4 cc				DNS/DNSS/Designee comploin 05-25-11 on: 5 Rights of			
	[every 1 hour] PRN pain, air				Medication Administration to	"		
	hunger." The MAR had an initial				Right			
	dated 5/10/11 and untimed. The				Dose Right Medication R	tight		
	reverse of the MAR lacked documentation of the time, reason, or results of the Roxanol.				Route Right			
					time4.DNS/ADNS/Designee use the: Quality Performan			
					Tool-Medication Pass			
					Observation to focus on QMA			
					other skilled staff who admin	ister		
	On 5/23/11 at 2	2:00 P.M., during an			medications as follows: 3xwkx4weeks,			
	interview with the corporate nurse, she indicated nursing staff should document the administration of a PRN medication on the back of the MAR, and nursing staff was inserviced regarding that policy.				1xwkx4week by			
					DNS/DNSS/Designee. Any			
					errors noted will result in one	on		
					one re education with DNS/DNSS/Designee. Qua	ality		
					Improvement Tool Medication	· .		
					Errors will be completed by			
					DNS/DNSS/Designee to focu			
					QMA and other skilled staff w administer medications as	/ho		
	This federal ta	g relates to			follows: 2xwkx4wks; 1xwkx4	wk		
	Complaint IN(	•			any errors noted will result in			
		JUU JUJ JUJ.			on one re education with			
					DNS/DNSS/Designee. · Qua Performance Improvement to			
	3.1-50(a)(1)				for Assessments will be	)OI		
					completed by			
					DNS/DNSS/Designee			
					2xwkx4weeks, then	to		
					1xwkx4weeks on 5% of char	ıs.		

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/10/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES  AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED					
AND PLAN OF CORRECTION		155148	A. BUILDING	00	05/24/2011					
		100110	B. WING	ADDRESS CITY STATE ZIRCODE	00/2 1/2011					
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  650 FAIRWAY DRIVE										
	PARK NURSING CE		EVANSVILLE, IN47710							
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5)					
PREFIX TAG			PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE COMPLETION DATE					
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	Any errors noted will result in on one education with DNS/DNSS/Designee. Res from audits will be reviewed during monthly facility QAA committee meetings. QAA committee will determine if a other further monitoring is necessary. 5. Compliance dwill be 06-21-11.	n one ults					